This shaded section is for CDD Use Only			
Notification	County Code	Log Number	
FY 2012–13 FRR			

Exhibit C

Fiscal Year 2012–13 Facilities Renovation and Repair Application Return to the following address: Submit one (1) original and three (3) copies of the completed Application by FY 2012–13 FRR Application May 17, 2012, at 5 p.m. Early Education and Support Division 1430 N Street, Suite 3410 Sacramento, CA 95814-5901 A. California Department of Education Contractor Information **Contractor's Legal Name** Vendor Number **Headquarters' Mailing Address** City, State, ZIP Code **County Name** Mr./Ms./Dr./Supt. or other Title **Executive Officer's Name Executive Officer's Telephone Number Executive Officer's E-mail Address Contact Person's Name Contact Person's Telephone Number** Contact Person's E-mail Address **B.** Certification By submitting this application, the applicant signifies acceptance of responsibility to comply with all applicable state and federal rules and regulations including, but not limited to, Title 22, Community Care Licensing Regulations and Americans with Disabilities Act of 1990. The applicant understands the California Department of Education (CDE) is not obligated to fund any projects until a contract is fully executed and projects have been approved. Further, the applicant understands that expenditures incurred outside the approved contract period of performance will not be reimbursed. The applicant understands a CDE funded program will operate at the facility(ies) benefiting from the use of these funds for at least three consecutive years from the date of contract completion, and the contractor may be billed for any portion of the three years the facility is not in use by a CDE program. The Authorized Official certifies under penalty of perjury that to the best of his/her knowledge, the information contained in this application is correct and complete. C. Signature of Authorized Official (Use Blue Ink) Signature Title Printed Date Name

D. Qualifying Contract Types (chec	ck all that apply)			
☐ California State Preschool Program (CSPP)				
☐ General Child Care and Developr	ment (CCTR)			
☐ Migrant Child Care and Developn	nent (CMIG)			
☐ Child Care and Development Ser	vices for Children with Excep	tional Needs	(CHAN)	
E. Maximum Award Amount				
Total Combined Maximum Reimbursable Amount for Qualifying Contract Types	Maximum Award Amount		Select one box only	
E1. \$0 to \$999,999	Up to \$20,000			
E2. \$1,000,000 to \$2,499,999	Up to \$50,000			
E3. \$2,500,000 to \$4,999,999	Up to \$100,000			
E4. \$5,000,000 to \$7,499,999	Up to \$150,000			
E5. \$7,500,000 to \$9,999,999	Up to \$200,000			
E6. \$10,000,000 and over	E6. \$10,000,000 and over Up to \$250,000			
F. Prorated Portion of Total Estimated Costs For Subsidized Enrollment				
Enter Grand Total from Form 5, Column D (shall not exceed Maximum Award Amount in Section E above) \$				
This section is for CDD use only: CDD Adjusted Award Amount \$				

Payee Data Record

Applicants **must download and complete** the State of California Payee Data Record (STD. 204) at http://www.cde.ca.gov/sp/cd/ci/documents/std204formeesd.pdf (see instructions on the STD. 204 regarding submission exemptions and instructions). Complete sections 2 through 5. Information on sections 2 and 4 must be consistent with the information identified on the FY 2012–13 Facilities Renovation and Repair application cover sheet. **Note:** Governmental entities, federal, State, and local (including school districts), are note required to submit this form.

Form 1 Property Owner Information and Certification

For Instructions: See FY 2012–2013 FRR Instructions, Page 12

Site Number of

Note: Child Development (CD) contractors applying for this funding to accomplish renovations or repairs at more than one site must complete a separate Form 1 for each site. **Include a copy of the site license.**

Contractor Legal Name	Vendor Number	
Site Name		
Site Address		
Site License No.		
License-Exempt		
Unless li	cense-exempt, attach a copy of the license for each site.	

Owner's Legal Name			
Owner's Address			
Owner's Telephone		Owner's Fax Number	
Number			
Certification of Three	Year Lease or	Typed Name of Legal C	wner or Authorized
Usage Agreement I ce	ertify I am the legal	Agent	
owner (or the legal owr	ner's authorized		
representative) of the p	. ,		
the site information abo	-	Legal Owner's or Author	orized Signature
property will be availab		(Use blue ink)	
subsidized children in a			
and development funde	. •		
least three consecutive	•	Date	
of contract completion.			
acknowledge that if I re	•		
contractor to vacate the			
renovations or repairs			
these funds before the			
contract are met, I may	-		
CDE for that portion of	_		
the date of contract cor	-		
property is not available	e tor CDE programs. I		

Form 2 Calculating Percentage of Subsidized Enrollment by Site

For Instructions: See FY 2012–13 FRR Instructions, Page 12

Site Number of

Note: Child Development contractors applying for this funding to accomplish renovations or repairs at more than one site must complete a separate Form 2 for each site.

Cont Lega Name				Vendor Number	
Site I	Name				
			Section A		
		ontract Type: ation, Section D)			
			Section B		
		Comp	olete for All Eligible Contra	ct Types	
	(Total nu	lized Enrollment umber of Subsidiz CDE/CDD contract	red children enrolled in the		
		ibsidized Enrollr Imber of Non-sub	nent (this site) sidized children at this site.)		
		nildren Enrolled zed plus Non-sub	•		
4.	**Percer	ntage of Subsidi	zed Enrollment		
(•	${\sf Enrolled} \ \textbf{equals}$	ollment divided by Total Subsidized Enrollment		
		nent as of May 1		•	
	**For each site, enter the Percentage of Subsidized Enrollment [line 4 above] on				
Fo	Form 3, Column D and Form 5, Column C.				

Form 3 Project Description and Total Estimated Costs

For Instructions: See FY 2012–13 FRR Instructions, Page 13

Site Number of

Note: Child Development contractors applying for this funding to accomplish renovations or repairs at more than one site must complete a separate Form 3 for each site. All proposed projects must be listed and justified on Form 4.

Contractor Legal Name	endor lumber	
Site Name		
Site Address		

Project Type Codes: "A" = ADA; "H" = Health and Safety. In Column A, titled "Project Type," insert **one** of the two codes for each project listed below.

A.	B.	C.	D	E
Project Type (A or H)	Project Description (Describe work to be done to facilities only that serve children directly)	Estimated Cost (Round to nearest dollar)	Percentage of Subsidized Enrollment (See Form 2)	Prorated Portion of Total Estimated Costs
,	,	\$,	\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Projects a	or's Grand Total of Estimated Costs for all at this Site.			
(Enter Grand Total on Form 5, Column B)		\$		\$
This shaded section is for CDD use only. CDD's Adjusted Amounts		\$		\$

This shaded section is for CDD use only.			
Total Projects	Α	Н	

Form 4 Description of Need

For Instructions: See FY 2012–13 FRR Instructions, Page 13				
Site Numb	er	of		
ren		elopment contractors applying for this funding to ns or repairs at more than one site must complete		
Contracto Legal Nam			Vendor Number	
Site Name	!			
Site Addre	ess			
	Briefly of	describe the following below (attach a separate shee	t if necessa	ıry):
		facility (e.g. age, type [building or relocatable], locati		
Americ FRR fu require the ned	ans with unds (re ments a eds. (Se	posed project identified in Form 3, describe the han Disabilities Act compliance issue(s) that will be restricted and a control of the specific and Americans with Disabilities Act). Be specific also be Example Form 4, Appendix/Page 5)	solved with Division 12 bout the p	use of the e, licensing roject and
3. Describ	e the m	nethod and source you used to estimate the cost of the	ne project(s	3).

Form 5 Total Estimated Costs Summary Worksheet of all Sites

For Instructions: See FY 2012–13 FRR Instructions, Page 13

For each site, multiply Column B times Column C to obtain the Prorated Portion of Total Estimated Costs. Sum Column D to obtain the Contractor's Grand Total.

Contra Legal	actor Name		Vendor Number	
_				
	A.	B.	C.	D.
Site No.	Site Name(s)	Grand Total of Estimated Costs for all Projects for each Site (See Form 3)	Percent of Subsidized Enrollment (See Form 2)	*Prorated Portion of Total Estimated Costs
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
5.		\$		\$
6.		\$		\$
7.		\$		\$
8.		\$		\$
9.		\$		\$
10.		\$		\$
(Sum: *Enter Appli Total	actor's Grand Total* Columns B and D) If the Grand Total of Column D on Cation, Section F, Prorated Portion of Estimated Costs for Subsidized Ilment.	\$		\$
This s	shaded section is for CDD use only:	\$		\$

Checklist for Fiscal Year 2012–13 Facilities Renovation and Repair Application

In order to facilitate the application review process, the CDE requires that applications are assembled per the instructions provided below:

Application, Sections A-F: All applications must include Sections A-F per contractor. The sections must be completely filled out and signed in blue ink. Applications that do not include these sections will be disqualified.

Forms: All forms for the application should follow, including Forms 1-5. Each site is required to have Forms 1-4. A Form 5 is required for each application. Applications that do not include Forms 1-5 will be disqualified.

Each Form 1 must include one copy of the site license(s), unless license exempt.

Payee Data Record Form is necessary for all contractors. **Note: Governmental entities, federal, State and local (including school districts), are not required to submit this form.** All information must be consistent with the application's Section A.

Checklist for Fiscal Year 2012–13 Facilities Renovation and Repair application.

Submit **one** (1) original and **three** (3) copies of the complete application package by **Thursday**, **May 17**, **2012**, **at 5 p.m.** to the following address:

FY 2012–13 FRR Application

Early Education and Support Division California Department of Education 1430 N Street, Suite 3410 Sacramento, CA 95814-5901